

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530 290

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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31						
32						
33						
34						
35						
36						
37			1			
38				1		
39				1		
40				1		
41				1		
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66	1					
67	1					
68	1					
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72	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	47					